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**\*BIBDATASHEET\***

Bib Data Sheet

**CONFIRMATION NO. 1647**

SERIAL NUMBER 09/699,398	FILING DATE 10/31/2000  RULE	CLASS 604	GROUP ART UNIT 3763	ATTORNEY DOCKET NO. 1131-62
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**APPLICANTS**

Lawrence A. Lynn, Worthington, OH;

**\*\* CONTINUING DATA \*\*\*\*\***

This application is a CON of 09/140,413 08/26/1998 PAT R,E37,357  
 which is a REI of 08/248,646 05/25/1994 PAT 5,549,651

**\*\* FOREIGN APPLICATIONS \*\*\*\*\*****IF REQUIRED, FOREIGN FILING LICENSE GRANTED \*\* SMALL ENTITY \*\*****\*\* 12/04/2000**

Foreign Priority claimed 35 USC 119 (a-d) conditions met	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after	STATE OR COUNTRY OH	SHEETS DRAWING 5	TOTAL CLAIMS 5	INDEPENDENT CLAIMS 1
Verified and Acknowledged	Allowance <i>AL</i> Examiner's Signature <i>CE</i> Initials				

**ADDRESS**

Nixon & Vanderhye PC  
 1100 North Glebe Road  
 8th Floor  
 Arlington, VA  
 22201-4000

**TITLE****LUER RECEIVING MEDICAL VALVE AND FLUID TRANSFER METHOD**

FILING FEE  RECEIVED 355	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
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Bib Data Sheet

<b>SERIAL NUMBER</b> 09/699,398 ✓	<b>FILING DATE</b> 10/31/2000 ✓ <b>RULE</b>	<b>CLASS</b> 604	<b>GROUP ART UNIT</b> 3734	<b>ATTORNEY DOCKET NO.</b> 1131-62
<b>APPLICANTS</b> Lawrence A. Lynn, Worthington, OH ; <b>** CONTINUING DATA *****</b> <i>now</i> THIS APPLICATION IS A CON OF 09/140,413 08/26/1998, <i>RE37357</i> WHICH IS A REI OF 08/248,646 05/25/1994 PAT 5,549,651 <b>** FOREIGN APPLICATIONS *****</b>				
<b>IF REQUIRED, FOREIGN FILING LICENSE</b> <b>GRANTED ** 12/04/2000</b> <b>** SMALL ENTITY **</b>				
Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no 35 USC 119 (a-d) conditions <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after met Verified and Acknowledged <i>Allowance</i> Examiner's Signature Initials		<b>STATE OR COUNTRY</b> OH	<b>SHEETS DRAWING</b> 5	<b>TOTAL CLAIMS</b> 5
				<b>INDEPENDENT CLAIMS</b> 1
<b>ADDRESS</b> Nixon & Vanderhye PC 1100 North Glebe Road 8th Floor Arlington ,VA 22201-4000				
<b>TITLE</b> Luer receiving medical valve and fluid transfer method				
<b>FILING FEE RECEIVED</b> 355	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit	